## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This is appropriate. All further condicated unless corrected maintenance fee notificati	orrespondence including below or directed oth	or the P	great advance or	dere and notitication	orres	pondence address;	and/or	(b) indicating a separ	rate "FEE ADDRESS" for	
STAAS & HAL SUITE 700 1201 NEW YOR	K AVENUE, N.W.	⁄2007	oct 03	14 A 8 1 2007 20 Hay	Fee( pape have	s) Transmittal. Thises. Each additional its own certificate  Certificate Certificate can be certify that the case of the certify that the case of the certification is considered.	s certificate	icate cannot be used to , such as an assignmen ling or transmission. of Mailing or Transm 5) Transmittal is being ficient postage for first	domestic mailings of the rany other accompanying to r formal drawing, must be received with the Unite class mail in an envelopabove, or being facsimite indicated below.	
WASHINGTON,	DC 20005		TO THE REAL PROPERTY.	A ALEXANDER					(Depositor's name	
			STO TRA	0					(Signature	
									(Date	
APPLICATION NO. FILING DATE				FIRST NAMED INVEN	NTOR	TOR ATTORNEY DOCKET NO. CONFIRMATION NO.				
	02/21/2004	03/31/2004 Chang-kyu Choi 1793.1252 5204								
10/813,671 TITLE OF INVENTION:	•	RATUS	S FOR BLIND SC			SING TWO SENS	ORS	1775.1252	3201	
				<u></u>						
APPLN. TYPE	SMALL ENTITY ISSUE		UE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nprovisional NO \$1400			\$300		\$0 \$1700 10/09/2007 10/04/2007 SZEWDIE2 00000026 10813671				
EXAMINER ART UNIT			ART UNIT	CLASS-SUBCLAS	S			EMNIEC BARBAGAA 16		
MCFADDEN, SUSAN IRIS			2626	704-226000				1440.00 OP 300.00 OP		
Change of correspondence address or indication of "Fee Address" (37 CFR ); 363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BI	E PRINTED ON T	THE PATENT (print	or ty	pe)				
PLEASE NOTE: Unle	ess an assignee is ident in 37 CFR 3.11. Com	ified be	low, no assignee of this form is NO	data will appear on T a substitute for filin	the p	atent. If an assign assignment.	ee is i	dentified below, the do	ocument has been filed f	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
	ECTRONICS (	CO.,	LTD.	:	SUV	WON-SI, R	EPU	BLIC OF KO	REA	
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):		Individual 🕱 C	orporat	ion or other private gro	oup entity Governme	
4a. The following fee(s) a  A Issue Fee		•		A check is enclo	sed.			viously paid issue fee s	shown above)	
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form						
5. Change in Entity Stat	us (from status indicate	d above	·)							
a. Applicant claims	SMALL ENTITY stat	us. See :	37 CFR 1.27.					TITY status. See 37 CF		
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if req ecords of the United St	uired) v ates Pate	vill not be accepte ent and Trademark	d from anyone other office.	than	the applicant; a reg	istered	attorney or agent; or th	e assignee or other party	
Authorized Signature	lluke	ord	Poule					3-07		
Typed or printed name	MICHAEL	E. K	ONDOUDIS	<u> </u>		Registration 1	No	42,758		
This collection of inform an application. Confident submitting the completed	ation is required by 37 ( tiality is governed by 33 I application form to th	CFR 1.3 5 U.S.C. c USPT	11. The information 122 and 37 CFR O. Time will vary	on is required to obta 1.14. This collection depending upon the	in or is es indi	retain a benefit by stimated to take 12 vidual case. Any c	the pub minute ommen	olic which is to file (and is to complete, including its on the amount of tir	d by the USPTO to proce og gathering, preparing, a ne you require to comple	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



Docket No.: 1793.1252

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Chang-kyu CHOI

Confirmation No. 5204

Serial No. 10/813,671

Group Art Unit: 2626

Filed: March 31, 2007

Examiner: Susan I. McFadden

For:

METHOD AND APPARATUS FOR BLIND SOURCE SEPARATION USING TWO

**SENSORS** 

## COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

The Examiner provided a Statement of Reasons for Allowance in which the Examiner indicated that some of the claims were allowed based on certain features. This Statement, however, mischaracterizes the claims. For example, the Statement emphasizes features of a method, while claim 21 is an apparatus claim.

The foregoing is merely meant to be exemplary, and does not point out all of the discrepancies between the Examiner's Statement of Reasons for Allowance and the claimed features of the currently pending claims.

It is further submitted that the claims speak for themselves and should not be interpreted based on the Examiner's characterizations of same. It is also submitted that the claims provide their own best evidence as to the reasons for allowance.

Serial No. 10/813,671

For at least the aforementioned reasons, it is submitted that the Examiner's Statement "raises possible misinterpretations... and possible estoppel effects" (M.P.E.P. §1302.14) and is therefore improper.

Respectfully submitted,

STAAS & HALSEY LLP

Date: \_\_10 - 3 - 67

Michael E. Kondoudis

Registration No. 42,758

1201 New York Avenue, NW, 7th Floor

Washington, D.C. 20005 Telephone: (202) 434-1500 Facsimile: (202) 434-1501